

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/553706

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		0				
5		1				
6		1				
7	1					
8		1				
9		2				
10		1				
11		0				
12		0				
13	1					
14		1				
15		2				
16		0				
17		1				
18		1				
19	1					
20	1					
21		1				
22		2				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						